



Broker _____
Date Sent _____

Employee Benefits Referral

Phone (316)712-5093
 Fax(316)440-4046
 Email info@richeyhealthbenefits.com

COMPANY INFORMATION

Business Name _____ Phone _____
 Address _____ Fax _____
 City, State, Zip _____ Email _____
 Type of Business _____ Company Contact _____

PROGRAM INFORMATION

Current Carrier _____ Renewal Date _____
 Reason for going out-to-bid? _____
 Number of eligible employees _____ Requested Effective Date _____
 Number of enrolled employees _____

Richey Health Benefits will contact you to get a census of your employees or Health Profiles.

Rate History

	Current Medical	Renewal Medical	Current Dental	Renewal Dental
Single				
Single + Spouse				
Single + Children				
Family				

Employer Contribution _____

Waiting Period: 1st of Month following 30 60 days (other _____)

Current Benefits (attach summary of benefits for medical, dental, life, disability, voluntary benefits).

PLEASE RETURN COMPLETED FORM TO YOUR RICHEY HEALTH BENEFITS REPRESENTATIVE OR TO richeyhb@cox.net / FAX (316)440-4046

